

KENTUCKY STATE BOARD OF ACCOUNTANCY

332 W. BROADWAY, SUITE 310

LOUISVILLE, KY 40202

(502) 595-3037

<http://cpa.ky.gov>

AUTHORIZATION FOR INTERSTATE EXCHANGE OF INFORMATION

Please complete this portion of the form and forward it to the Board of Accountancy where you passed the exam or hold a license. That Board, in turn, will complete the remainder of this form (Sections A-D) and return it to this agency. (You are advised to check with that Board before forwarding this form to determine if there are any additional requirements and/or fees charged before such information will be released.) This form is essential to the application you are filing. Before approval of your application, the Accountancy Board must verify your examination credits and/or license status.

TO BE COMPLETED BY APPLICANT *(Please type or print legibly)*

LAST FIRST MI MAIDEN

ADDRESS

CITY STATE ZIP CODE

DAYTIME PHONE EMAIL

I hereby request and authorize the Board of Accountancy to report any and all pertinent information requested in this form to the Kentucky State Board of Accountancy on my behalf. I agree that the State Board may confirm the grades issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

Signature _____ Date Signed _____

SECTIONS A-D TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY ONLY

SECTION A. VERIFICATION OF EXAMINATION CREDITS: The following are grades awarded on the Uniform CPA Examination(s) for the above-named applicant, as reported by the AICPA Advisory Grading Service. Please use Section D of this form if any of the grades were changed; if an exam other than the Uniform CPA Exam was used; if there is any reason why the grades should not be accepted; or to explain any of the questions below. If a separate sheet is attached, please affix the official signature and Board seal. (***Please list all grades, including failing grades recorded for the applicant.***)

EXAM DATE	CANDIDATE I.D. NO.	AUD AUDIT	BEC LPR (LAW)	FAR FARE (THEORY)	REG ARE (PRACTICE)

1. Was the applicant ever denied admission to the Exam? Yes ☐ No ☐ If yes, use Section D to explain.
2. If the CPA Exam has not been completed, are there any restrictions preventing the applicant from sitting in your state? Yes ☐ No ☐
3. Date credits/or grades expire, if any: ____/____/____.

SECTION B: LICENSURE STATUS AS A CERTIFIED PUBLIC ACCOUNTANT. *(If licensing is the responsibility of another agency, please forward and request completion of the applicable section.)*

1. The applicant was granted an original/reciprocal (mark out one) CPA license number _____ issued _____/_____/_____ which is in good standing unless otherwise noted in Section D of this form.
2. ☐ Yes ☐ No This is a two-tier state.
3. ☐ Yes ☐ No License from this Board is in good standing and expires on _____.
4. ☐ Yes ☐ No The applicant is currently licensed to engage in the practice of public accounting.
5. ☐ Yes ☐ No Has there ever been any disciplinary action instituted against the applicant? If yes, explain in Section D.
6. If the applicant does not hold a license from your Board, please indicate the requirements to be met for issuance or reinstatement:
 - ☐ License not required
 - ☐ Pay appropriate fees and/or post bond
 - ☐ Complete acceptable accounting/auditing experience
 - ☐ Complete continuing professional education requirements
 - ☐ Other: _____

SECTION C. ADDITIONAL INFORMATION REQUESTED

SECTION D. EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED *(Official Seal and Signature must be affixed to attached sheets if needed to respond to this inquiry.)*

Board/Agency

Official Signature

Title

Date Signed

BOARD SEAL